

NEW HAMPSHIRE INSURANCE DEPARTMENT

21 South Fruit Street, Suite 14, Concord NH 03301-2430

Email Address: consumerservices@ins.nh.gov

Consumer (only) Toll Free Line: 1-800-852-3416

Local: 603-271-2261 Fax: 603-271-1406

TDD Access: Relay NH 1-800-735-2964

www.nh.gov/insurance



COMPLAINT FORM

The Consumer Division of the New Hampshire Insurance Department attempts to assist consumers in disputes with their insurance companies or agents. The Department cannot act as your lawyer, give legal advice, recommend, or rate insurers. Please complete this form as thoroughly as you can and return it to the address shown above. You will receive a written acknowledgement of your complaint from the Department. A copy of your complaint will be sent to the company or agent for their response. We will contact you when we receive the company's / agent's response. If we are unable to obtain the resolution you seek, you may wish to contact an attorney for advice on other remedies that may be available to you.

PLEASE TYPE OR PRINT CLEARLY

1. NAME OF COMPLAINANT			
2. MAILING ADDRESS	(STREET)	(CITY)	(ZIP CODE)
3. DAYTIME TELEPHONE NUMBER	YOUR E-MAIL ADDRESS (optional)		
4. NAME OF INSURED (IF SAME INDICATE SAME, IF OTHER THAN INSURED, SPECIFY)			
5. WHO IS COMPLAINT AGAINST? (A COMPANY, AGENCY, BROKER, AGENT, PRODUCER, ADJUSTER OR OTHER - CIRCLE ONE) NAME: _____			
6. ADDRESS OF ABOVE (IF KNOWN)	(STREET)	(CITY)	(ZIP CODE)
7. GROUP OR POLICY NUMBER	DATE OF ISSUE		
8. CLAIM NUMBER	DATE OF LOSS		
9. TYPE OF COVERAGE (CHECK ONE) <input type="checkbox"/> AUTOMOBILE <input type="checkbox"/> HOMEOWNERS <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> LIABILITY <input type="checkbox"/> LIFE <input type="checkbox"/> HEALTH <input type="checkbox"/> DISABILITY INCOME <input type="checkbox"/> DENTAL <input type="checkbox"/> LONG TERM CARE <input type="checkbox"/> ANNUITY <input type="checkbox"/> MEDICARE SUPPLEMENT <input type="checkbox"/> OTHER _____			
10. REASON FOR COMPLAINT (CHECK ONE) <input type="checkbox"/> CLAIM DELAY/DENIAL <input type="checkbox"/> PREMIUM <input type="checkbox"/> CANCELLATION <input type="checkbox"/> OTHER (SPECIFY) _____			
11. HAVE YOU ATTEMPTED TO RESOLVE THIS MATTER WITH THE COMPANY, AGENT, AGENCY OR OTHER INDIVIDUAL? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE _____			
PERSON YOU SPOKE WITH (IF KNOWN) _____		TELEPHONE NUMBER (____) _____	

12. PLEASE DESCRIBE YOUR PROBLEM IN DETAIL. ATTACH ADDITIONAL PAGES, IF NECESSARY. PLEASE INCLUDE COPIES (NOT ORIGINALS) OF IMPORTANT PAPERS, LETTERS, OR OTHER INFORMATION, THAT IS RELEVANT TO THIS MATTER.

13. WHAT WOULD YOU CONSIDER TO BE A FAIR RESOLUTION OF YOUR PROBLEM?

INFORMATION REGARDING SELF-FUNDED EMPLOYER HEALTH BENEFIT PLANS:

Disputes involving self-funded employer benefit plans come under the jurisdiction of the US Department of Labor: Plan beneficiaries (participants) who have a dispute with a self-funded medical benefit plan (i.e. denial of benefits) have a right of appeal. The plan beneficiary must write a letter of appeal to the plan administrator. The name and address of the plan administrator can be obtained from the plan document or the human resource department of the employer. Plan beneficiaries have 60 days to appeal a denial and must receive a decision on the appeal within 60 days after filing an appeal, unless the plan; (1) provides for a hearing, or (2) specifies that the decision must be made by a group which meets only on a periodic basis. Contact the Boston office of the US Department of Labor at (866) 444-3272 for more information.

CONSENT TO RELEASE INFORMATION

The information I have provided may be forwarded to the insurance company and/or agent or Department licensee named. In turn, I authorize the named company/agent/department licensee to share any information concerning me, my complaint/claim/policy/application/with the Insurance Department.

Signature: _____ Date: _____

I authorize the New Hampshire Insurance Department to share with the insurance company/provider named in this complaint any medical information/records I have provided in connection with this complaint. I further authorize the insurance company/provider to release medical information/records to the New Hampshire Insurance Department, if the information is relevant to this complaint. I understand that pursuant to New Hampshire's Right to Know law, RSA 91-A, information in this complaint file may become available for public inspection, but that any information that could identify me, or any person on whose behalf I have filed this complaint, including names, addresses, social security numbers or similar information, will be removed from the record prior to its release under New Hampshire RSA 91-A.

Signature: _____ Date: _____

CERTIFICATION

I hereby certify that there is no lawsuit or litigation concerning this complaint in progress, and that the subject of this complaint is not in formal mediation or arbitration.

Signature: _____ Date: _____



The State of New Hampshire Insurance Department

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Roger A. Seigny
Commissioner

CONSUMER INFORMATION

Please take a few moments to read the following information. We hope this will help you understand the NH Insurance Department's function with respect to consumer complaints.

WHAT WE CAN DO:

We forward each complaint to a representative of the company for review. Complaints received by the department are forwarded to the company within 10 business days of receipt.

By law, companies must respond to consumer complaints. Companies may take up to 4 or 5 weeks to respond to a complaint. However, we receive responses to most complaints within 20 days.

We act as intermediary to help resolve problems between consumers and department licensees. We attempt to assist with reconciliation, resolution or compromise of disputes. However, neither consumers nor department licensees are required to accept any attempted resolution arrived at through our efforts to mediate the dispute.

WHAT WE CANNOT DO:

We cannot order refunds, cancellation of contracts, damage awards, or other legal remedies because we do not have that authority under New Hampshire law. If you are seeking this type of relief, you may wish to consult with an attorney.

We cannot overturn or overrule a court order.

We cannot intervene in a dispute if the dispute is in litigation or formal mediation or arbitration.

We cannot give legal advice or act as your attorney. We cannot interpret the terms of contracts, or other legal documents.

We cannot require a company to comply with a requested remedy if New Hampshire law does not give the Department specific authority to do so.

We cannot promise that the specific remedy you request will be available.

Our job is to enforce the law. If you are seeking damages or similar types of restitution you should consult an attorney.

REFERRALS:

The issues in your complaint may come within the jurisdiction of another agency of New Hampshire state government, or of an agency of federal government, or agency of another state. If your complaint is governed by the law or rules of another government entity, we will forward your complaint to the appropriate agency, and inform you of the referral by letter.

You may be advised to contact an attorney or small claims or other court. You may qualify for free or reduced fee legal services if your income does not exceed the legal service provider's limits. Legal services may be available without cost or at reduced rates, depending on your income, at the New Hampshire Bar Association Pro Bono referral service, New Hampshire Legal Assistance, the Franklin Pierce Law Center Civil Practice Clinic, the Disabilities Rights Center or other legal service providers. Telephone numbers for these providers may be found in your telephone directory or by calling directory assistance.

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Updated 10/07